## INDEPENDENT LIVING/TRANSITION PLAN

To be updated at each Child and Family Team Meeting (CFTM).

Instructions: Page one (1) should be completed at the first CFTM at age **15 and six (6) months** or later if the youth enters care later, and updated at each CFTM thereafter. An update every six (6) month should be completed for each youth in foster care who has reached the age indicated on each update. An additional update must be completed 90 days prior to the youth's **18<sup>th</sup> birthday** if the youth is in foster care or if the youth is participating in the Older Youth Foster Care (OYFC) program (federal requirement). Plan Start Date:

Plan Stop Date:

Y	OUTH I	INFORMATION			
First name and middle initial Las	st name			ICWIS num	ber
Projected date youth will leave care (month/day/year)	Date of	of birth (month/day/year)	Age	Sex	
				Male	Female
Permanency Plan:					
WHAT YOUTH SHOULD HAVE IN	THEID	DOCCECCION DEFODE	LEAVINGE	EOCTED CAD	E
List should be updated every six (6) months. All doc					
the Child in Need of Services (CHINS) case dismissal.	uments	should be in youth's possi	ession by age	16 01 90 days	within prior to
Documents		Date Completed	Date the doc	ument is in vo	uth's possession
Documents		Bute Completed		initial and date	
1. Photo identification			<u> </u>		- /
Type: learner's permit drivers license State ID	card				
2. Birth Certificate					
County and State of birth:					
3. Social Security Card					
4. Registered to vote upon reaching the age of 18					
5. Selective Service registration upon reaching the ag	ge of				
18 (males)					
<ul><li>6. Life Book</li><li>7. Copy of latest Individualized Education Plan (IEP</li></ul>					
7. Copy of latest Individualized Education Plan (IEP and/or Individualized Transition Plan through the youth					
school (if applicable)	1 8				
8. Copy of Bureau of Developmental Disability Serv	ices				
(BDDS) Transitional Plan (if applicable)	1005				
9. Copy of latest Case/Treatment/Discharge Plan					
10. Personal filing system					
Type: 3-ring binder full-size expandable envelope	e				
file cabinet other:					
Location of filing system:					
11. Youth can navigate public transportation					
12. Education:	•	Date of Completion:			ate/Diploma in
Certificate of Completion Obtained Yes N	No.		youths posse	ession	
Diploma Obtained Yes N	lo				
Last High School Attended:	10				
Type of degree: Core 40, Honors, etc:					
GPA:					
	No				
Name of school/education center:					
Type of GED: General Honors					
Scores:					

Ι	NITIAL	TO BE COMPLETED AT AGE	15 years	and six (6) m	nonths	
Current address (number a	and street,	HOUSING apartment or unit number, city, state, ar	nd ZIP code	)		
Type of Placement: Foster Home Group Where would youth like to		Residential Facility Relative Home	Other:			
Where would youth like to	nve arter	Toster care.				
		EDUCATION				
Current grade level	Current	school attending	F	Expected Gradua	ation Date 0	GPA
If youth has an IEP, did the attend the last IEP meeting Yes No	g? <sup>*</sup>	Date of last IEP meeting:		as/had an IEP, i al Rehabilitation No Not A		ed with
Diploma/Certification trac Certificate of Completion		e 40 Diploma Honors Diploma Oth	ner			
		VOLUNTEED/EMBLOY	ZA AENTE			
Current volunteer: Yes No	Volunt	VOLUNTEER/EMPLO'teer locations/hours:	Youth h	as working kno ion for employr		v to complete an
Currently employed Full Time Part Time		ne and address of employer	, <b>, , ,</b>		Hours per w	eek
To be completed by youth	and team	:				
Youth's Strengths: Include	e hobbies	& interests				
				T		
Goals	;	Steps to achieve goals		Team memb to help with		Completed date

Tanm	Mam	hare	Present:
i eam	wein	Ders	Present.

SIGNATURES OF INDEPENDENT LIVING/TRANSITION PLAN TEAM MEMBERS				
Signature of youth	Printed name	Date		
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date		
Printed name Signature	Role & telephone number	Date		
Printed name Signature	Role & telephone number	Date		
Printed name Signature	Role & telephone number	Date		
Printed name Signature	Role & telephone number	Date		
Printed name Signature	Role & telephone number	Date		

Youth refused to participate in CFTM
Youth refused to sign the plan
Signature of DCS Family Case Manager/Probation Officer:

Date

# 6 MONTH UPDATE: AGE 16

	IONTH UPDATE: AGE I		_		
	USING & TRANSPORTATION				
Current address (number and street, apartment or unit number, city, state, and ZIP code)					
Type of Placement: Foster Home Group Home Residential Facili	ity Relative Home Other:				
Address after leaving foster care (number and street,		state, and ZIP code)	Unknown at this time		
Type of transportation (own vehicle, bicycle or uses	Public Transportation):	Attended I Yes	Drivers Education: No		
		•			
	ENDENT LIVING PREPARAT				
For youth placed in DCS licensed foster home, unlice Referral for Chafee IL Services Date:		n-licensed court approv	/ed placements:		
For youth placed in a residential facility, group home The facility/agency is responsible for providing					
Youth is Participating in Independent Living program Yes No	m Level of Involvement		IL provider (see above):		
Ansell-Casey Life Skills Assessment (ACLSA)	Date last ACLSA completed	(month, day, year)			
completed Yes No					
	IPPORTIVE RELATIONSHIPS				
· · ·	al space is needed use separate sh				
Name	Relationship to youth	Teleph	one Number		
Address (number and street, apartment or unit number	er, city, state, and ZIP code)	1			
Supports offered (advice, emergency housing career	guidance, place to go for holiday	vs, help with finances, o	etc)		
Name Relationship to youth Telephone Number					
Address (number and street, apartment or unit number	er city state and ZIP code)				
	•	1 1 11 6			
Supports offered (advice, emergency housing, career	guidance, place to go for holida				
Name	Relationship to youth	Teleph	one Number		
Address (number and street, apartment or unit number	er, city, state, and ZIP code)	1			
Supports offered (advice, emergency housing, career	guidance, place to go for holida	ys, help with finances,	etc)		
	MONEY MANAGEMENT				
	ne of bank or other financial insti	itution:	_		
Yes No Yes No  Sources of income and monthly amounts (employme	nt Social Security etc). Use ser	parate sheet if needed:			
Sources of income and monthly amounts (employment, Social Security, etc). Use separate sheet if needed:					
EDUCATION					
Current grade level Current school attending		Expected Graduation	Date GPA		
If youth has an IEP, did the youth attend the last IEP meeting? Yes No		has/had an IEP, is you nal Rehabilitation? No Not Applic			
Diploma/Certification track:	1	FF			
Certificate of Completion Core 40 Honors	Pre-College Other				

	EMPLOYMENT		
Youth referred to Work One Yes No	Youth has working knowledge of how to complete an application for employment Yes No (If no, this should be listed as a goal)	employment Yes No	g knowledge of how to locate be listed as a goal)
Currently employed Full Time Part Time	Name and address of employer		Hours per week
Previously employed Full Time Part Time	List previous employer(s), dates of employmentsheet if needed:	t & reasons for leaving e	employment. Use separate
To be completed by youth and	I team:		
Youth's Strengths: Include ho			

Steps to achieve goals	Team member assigned to help with this goal	Completed date
	Steps to achieve goals	Steps to achieve goals  Team member assigned to help with this goal

SIGNATURES OF INDEPENDENT	LIVING/TRANSITION PLAN TEAM MEMBERS	
Signature of youth	Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name	Date
Printed name	Role & telephone number	Date
Signature		
Printed name	Role & telephone number	Date
Signature		
Printed name	Role & telephone number	Date
Signature		
Printed name	Role & telephone number	Date
Signature		
Printed name	Role & telephone number	Date
Signature		
Youth refused to participate in CFTM	•	•

Youth refused to participate in CFTM Youth refused to sign the plan Signature of DCS Family Case Manager/Probation Officer:

Date

6 MONTH UPDATE: AGE 16 years and six (6) months

6 MONTH UPDATE: AGE 16 years and six (6) months						
	USING & TRANSPORTATION					
Current address (number and street, apartment or un	it number, city, state, and ZIP	code)				
Type of Placement: Foster Home Group Home Residential Facil	ity Relative Home Othe	r.				
Address after leaving foster care (number and street,	<del>-</del>		e) Unknown at this time			
Address after leaving loster care (number and street,	apartment of unit number, city	y, state, and ZIF cou	e) Unknown at this time			
Type of transportation (own vehicle, bicycle or uses	Type of transportation (own vehicle, bicycle or uses Public Transportation):  Attended Drivers Education: Yes No					
Type of transportation (own vehicle, bicycle or uses	Public Transportation):					
n year	ENDENE I HIDIG PRED I D	THOM				
	PENDENT LIVING PREPARA					
For youth placed in DCS licensed foster home, unlice Make a referral for Chafee IL Services	_	non-licensed court a	pproved placements:			
For youth placed in a residential facility, group hom The facility/agency is responsible for providing I						
Participating in Independent Living program	Level of Involvement		IL provider (see above):			
Yes No Ansell-Casey Life Skills Assessment(ACLSA)	Date last ACLSA completed	(month day year)				
completed	Date last ACLSA completed	(month, day, year)				
Yes No						
		ne As Previous				
	space is needed use separate sh					
Name	Relationship to youth	Te	elephone Number			
Address (number and street, apartment or unit numb	er, city, state, and ZIP code)					
Supports offered (advice, emergency housing, career	r guidance place to go for holi	days help with fina	nces etc)			
Supports offered (advice, emergency nousing, caree,	guidance, place to go for non	days, help with final	nices, etc)			
Name	Relationship to youth	Te	elephone Number			
Address (number and street, apartment or unit numb	er, city, state, and ZIP code)	<b>'</b>				
Supports offered (advice, emergency housing, career	guidance, place to go for holi	days, help with finar	nces, etc)			
Name	Relationship to youth	Te	elephone Number			
Address (number and street, apartment or unit numb	er city state and ZIP code)					
radiess (number and street, apartment of unit numb	er, erry, state, and zir code)					
Supports offered (advice, emergency housing, career	r guidance, place to go for holi	days, help with finar	nces, etc)			
	MONEY MANAGEMENT					
Bank account open: Savings account open: Nan Yes No Yes No	ne of bank or other financial ir	stitution:				
Sources of income and monthly amounts (employment, Social Security, etc). Use separate sheet if needed:						
Sources of income and incomes (employment, section section), est separate sheet it incomes.						
1						
Comment and a level	EDUCATION	Even at a C 1	ation Data CDA			
Current grade level Current school attending		Expected Gradua	ation Date   GPA			
If youth has an IEP, did the youth Date of last IE	EP meeting: If you	ıth has/had an IEP, i	s youth involved with			
attend the last IEP meeting?	Voca	tional Rehabilitation	1?			
Yes No	Ye	s No Not A	pplicable			
Diploma/Certification track:  Certificate of Completion Core 40 Honors	Pre-College Other					

**	EMPLOYMENT	Tax and an			
Youth referred to Work One	Youth has working knowledge of how to	Youth has working knowledge of	of how to locate		
Yes No	complete an application for employment	employment			
	Yes No (If no, this should be listed as a goal)	Yes No (If no, this should be listed as a goal)			
Currently employed	Name and address of employer	Hours per w			
Full Time Part Time	Traine and address of employer	Hours per w	CCK		
Previously employed Full Time Part Time	List previous employer(s), dates of employment & sheet if needed:	reasons for leaving employment.	Use separate		
run ilme Fait ilme	sheet ii heeded.				
To be completed by youth and	team:				
Youth's Strengths: Include hol	obies & interests				
Goals: Consider Results from	the most recent Ansell Casey Life Skills Assessmen	f			
Identified Goals	Steps to achieve goals	Team member assigned	Completed		
	The state of the s	to help with this goal	date		
		L			
Team Members Present:					

SIGNATURES OF INDEPENDENT	LIVING/TRANSITIC	ON PLAN TEAM MEMBERS	3
Signature of youth		Printed name	Date
Signature of DCS Family Case Manager/Probation Officer	Printed name		Date
Printed name	Role & telephone n	umber	Date
Signature			
Printed name	Role & telephone number		Date
Signature			
Printed name	Role & telephone number		Date
Signature			
Printed name	Role & telephone number		Date
Signature			
Printed name	Role & telephone n	umber	Date
Signature			
Youth refused to participate in CFTM and/or refused to si	gn the plan.		
Signature of DCS Family Case Manager/Probation Officer:			
		Date	e

# 6 MONTH UPDATE: AGE 17

	MONTH OLDATE.				
HO	OUSING & TRANSPOR	TATION			
Current address (number and street, apartment or un	nit number, city, state, an	d ZIP code)			
Type of Placement: Foster Home Group Home Residential Faci	ility Relative Home	Other:			
Address after leaving foster care (number and street			d ZIP cod	e) Ur	nknown at this time
Type of transportation (own vehicle, bicycle or uses	s Public Transportation):		Attene		rs Education: No
INDE	PENDENT LIVING PRI	EPARATION			
For youth placed in DCS licensed foster home, unli Make a referral for Chafee IL Services	•	its, or non-license	ed court ap	pproved pla	acements:
For youth placed in a residential facility, group hom The facility/agency is responsible for providing		ation			
Participating in Independent Living program  Yes No	Level of Involvement	ation		IL provid	der (see above):
Ansell-Casey Lifeskills Assessment completed Yes No	Date last ACLSA com	pleted (month, da	ay, year)		
Determine if youth is appropriate for a Transitional placed until 17years and 6 months). See Policy, 11 Yes No			nned prov		Planned placement date:
SUPPORTIV	E RELATIONSHIPS	Same As Prev	rious	I .	
Name	Relationship to youth			elephone N	umber
Address (number and street, apartment or unit number	ber, city, state, and ZIP c	ode)	l l		
Supports offered (advice, emergency housing, caree	er guidance, place to go f	or holidays, help	with finar	nces, etc)	
Name	Relationship to youth		Te	elephone N	umber
Address (number and street, apartment or unit number	ber, city, state, and ZIP c	ode)	I		
Supports offered (advice, emergency housing, caree	er guidance, place to go f	or holidays, help	with finar	nces, etc)	
Name	Relationship to youth		Te	elephone N	umber
Address (number and street, apartment or unit number	ber, city, state, and ZIP c	ode)			
Supports offered (advice, emergency housing, caree	er guidance, place to go f	or holidays, help	with finar	nces, etc)	
	MONEY MANAGEM				
Yes No Yes No	A or Nesting account: Yes No	Name of bank o			
Savings goal for leaving foster care:  Goal \$ Current balance \$					
EDUCATION					
Current grade level Current school attending		Expect	ted Gradua	ation Date	GPA
Diploma/Certification track: Certificate of Completion Core 40 Honors	Pre-College Other		_		
If youth has an IEP, did the youth attend the last IEP meeting?  Yes No		If youth has/had Vocational Reha		?	volved with

Enrolled in college or vocati	ional	Name of school		Area of	study	
program						
Yes No				Expected	d graduation da	te:
Full Time Part Time	1					
Attached:	GPA:	Educational Goal:	Certification/Certificate			
Schedule Transcripts		Associate Degree	Bachelors Degree C	Other (specify)	:	
			EMPLOYMENT			
Youth has updated resume	Youth re	ferred to Work One	Youth has working knowled	lge of how to	complete an app	olication for
Yes No	Yes	No	employment Yes	No		
Currently employed	Name an	d address of employe	r		Hours per wee	ek
Full Time Part						
Time						
Previously employed			es of employment & reasons	for leaving em	ployment. Use	separate sheet
Full Time Part	if needed	l:				
Time						
To be completed by youth a						
Youth's Strengths: Include l	nobbies &	interests				
Goals: Consider Results from			Life Skills Assessment			T -:
Identified Goals	Sto	eps to achieve goals		Team memb		Completed
				to help with	this goal	date
Team Members Present	t:					
Team Members Present	t:					
Team Members Present	t:					

SIGNATURES OF INDEPENDENT I	LIVING/TRANSITIC	ON PLAN TEAM MEMBEI	RS
Signature of youth		Printed name	Date
	1		
Signature of DCS Family Case Manager/Probation Officer	Printed name		Date
Printed name	Role & telephone n	umber	Date
Signature			
Printed name	Role & telephone n	Date	
Signature	_		
Printed name	Role & telephone n	Date	
Signature			
Printed name	Role & telephone n	umber	Date
Signature			
Printed name	Role & telephone n	umber	Date
Signature			
Youth refused to participate in CFTM and/or refused to si	gn the plan.		
Signature of DCS Family Case Manager/Probation Officer:			
		Da	ite

6 MON		DATE: AGE <b>17 year</b>			IS			
HOUSING & TRANSPORTATION								
Current address (number and street, apartment or unit number, city, state, and ZIP code)								
Type of Placement:								
	ential Faci		Other:					
Address after leaving foster care (number	and street	t, apartment or unit numb	er, city, s	state, and ZIP c	ode) U	nknown at this time		
Participated in visits to housing options Yes No	Type of Transpor	transportation (own vehice tation):	cle, bicyc	le or uses Publi	Attended Yes	d Drivers Education: No		
	INDE	PENDENT LIVING PRI	EPARAT	ION				
**All youth regardless of placement shou	ld be refe	rred to a Chafee Independ	dent Livii	ng provider.**				
Participating in Independent Living progr Yes No	am	Level of Involvement			IL provi	der (see above):		
Ansell-Casey Lifeskills Assessment comp	oleted	Date last ACLSA comp	pleted (m	onth, day, year	)			
Was the youth deemed appropriate for	Data (to	be) placed (month,	Dlacame	ent address:	1	Provider:		
Transitional Living Placement	day, yea	, 1	riacein	ent address.		riovidei.		
Yes No	day, yea	1).						
	PORTIV	E RELATIONSHIPS	Same	As Previous				
Name	101111	Relationship to youth	Same		Telephone N	Vumber		
					1			
Address (number and street, apartment or	unit numl	per, city, state, and ZIP c	ode)					
Supports offered (advice, emergency house	sing, caree	er guidance, place to go f	or holida	ys, help with fir	nances, etc)			
Name		Relationship to youth			Telephone N	Number		
Address (number and street, apartment or	unit numl	per, city, state, and ZIP co	ode)	L				
Supports offered (advice, emergency house	sing, caree	er guidance, place to go f	or holida	ys, help with fir	nances, etc)			
Name		Relationship to youth			Telephone N	Number		
Address (number and street, apartment or			- 1-)					
Supports offered (advice, emergency house	sing, caree	er guidance, place to go f	or holida	ys, help with fir	nances, etc)			
		MONEY MANAGEM						
Bank account open: Savings account o	-	A or Nesting account:	Name of	f bank or other	financial ins	titution:		
Yes No Yes No		Yes No						
Savings goal for leaving foster care:		Sources of income and			oyment, Soci	ial Security, financial		
Goal \$		aid, etc). Use separate	sheet if n	eeded:				
Current balance \$								
		EDITO						
	1 44 11	EDUCATION	1	F . 10	1 .: D .	CDA		
Current grade level Current school	or attendin	g		Expected Grad	iuation Date	GPA		
Diploma/Certification track: Certificate of Completion Core 40	Honors	Pre-College Other						
*		EP meeting:		has/had an IEF		volved with		
attend the last IEP meeting?				nal Rehabilitati				
Yes No	1		Yes		Applicable			
Enrolled in college or vocational	Name of	of school		Area	of study			

program Yes No						Expected	graduation da	nte:
Full Time Part Time								
Attached:	GPA		ucational Goal:	Certification/				
Schedule Transcripts			Associate Degree	Bachelors De	gree Oth	her (specify):		
			T. A.	DI OVA CENTE				
Vouth has undated assume	Vantle	. ma famma		PLOYMENT outh has working	a limorrilada	a of have to a	ommlete en en	mlication for
Youth has updated resume Yes No	Yes	s N	o ei	mployment		No		
Currently employed Full Time Part	Name	and ad	dress of employer				Hours per we	ek
Time Previously employed	Listn	rovious	employer(s), dates	of amployment	le rancone fo	r leaving em	nloyment He	a caparata chaat
Full Time Part	if need		employer(s), dates	or employment	x reasons to	i leaving em	pioyment. Ost	e separate sheet
Time	II lice	acu.						
To be completed by youth a	nd tean	· ·						
Youth's Strengths: Include l			ests					
1 out o buengman meruue i								
Goals: Consider Results from	m the n			fe Skills Assessi				Ta
<b>Identified Goals</b>		Steps t	to achieve goals			Feam memb		Completed
					ι	o help with	ms goai	date
Team Members Present	t:							

SIGNATURES OF INDEPENDENT I	LIVING/TRANSITIC	ON PLAN TEAM MEMBERS		
Signature of youth		Printed name	Date	
Signature of DCS Family Case Manager/Probation Officer	Printed name		Date	
Printed name	Role & telephone n	umber	Date	
Signature				
Printed name	Role & telephone number			
Signature				
Printed name	Role & telephone n	Date		
Signature				
Printed name	Role & telephone n	umber	Date	
Signature				
Printed name	Role & telephone n	umber	Date	
Signature				
Youth refused to participate in CFTM and/or refused to si	gn the plan.			
Signature of DCS Family Case Manager/Probation Officer:				
		Date		

UPDATE: **90 DAYS BEFORE 18<sup>th</sup>** BIRTHDAY.

Must also be completed for those entering care after 90 days before 18<sup>th</sup> birthday and Older Youth Foster Care. **TRANSITIONAL SERVICES PLAN** 

HOUSING & TRANSPORTATION								
Current address (number and street, apartment or unit number, city, state, and ZIP code)								
Type of Placement: Foster Home Group H	ome Reside	ential Faci	lity	Relative Home	Other:			
Address after leaving foster							code) U	Jnknown at this time
Participated in visits to hous	ing options			s Education:				
Yes No		Yes	N					
Has own mode of transporta	tion Insura	nce cover	age & w	when payments ar	e due:			n vehicle, bicycle or
Yes No						uses Public Tra	ansportation	):
		INDE	PENDE	NT LIVING PRE	EPARA	ΓΙΟΝ		
**All youth regardless of pl					lent Liv	ing provider.**		
Participating in Independent Yes No	Living progra	am	Level	of Involvement:			IL prov	rider:
Ansell-Casey Life Skills As	sessment (AC	LSA)	Date 1	ast ACLSA comp	oleted (n	nonth, day, year	r)	
completed				•		•		
Yes No								
Was the youth deemed appro		,		ced (month,	Placen	nent address:		Provider:
Transitional Living Placeme	ent	day, yea	r):					
Yes No  SUPPORTIVE RELATIONSHIPS (Adults who will always know how to contact youth)								
Name Relationship to youth Telephone Number								
T (WITTE			1101441	onomp to journ			Totophone	. (
Address (number and street,	apartment or	unit numb	er, city	, state, and ZIP co	ode)			
Supports offered (advice, en	nergency hous	sing, caree	r guidaı	nce, place to go for	or holida	ays, help with fi	inances, etc)	
Name			Relati	onship to youth			Telephone	Number
Address (number and street,	apartment or	unit numb	er, city	, state, and ZIP co	ode)			
Supports offered (advice, en	nergency hous	sing, caree	r guidaı	nce, place to go for	or holida	ays, help with fi	inances, etc)	
Name			Relati	onship to youth			Telephone	Number
Address (number and street,	apartment or	unit numb	er, city	, state, and ZIP co	ode)			
Supports offered (advice, emergency housing, career guidance, place to go for holidays, help with finances, etc)								
			I	EMPLOYMENT				
Youth has updated resume Yes No	Youth referre	ed to Wor			ing kno Yes	_	to complete	an application for
Currently employed Full Time Part Time	Name and ac	ldress of e	employe	r			Hours p	er week

Previously employed Full Time

Time

Part

if needed:

List previous employer(s), dates of employment & reasons for leaving employment. Use separate sheet

			ED	UCATION				
Current grade level	Current s	school attend	ling			Expect	ed Graduation Date	GPA
Diploma/Certification track:  Contificate of Completion Core 40 Honore Pro College Other								
Certificate of Completion Core 40 Honors Pre-College Other  If youth has an IEP, did the youth Date of last IEP meeting: If youth has/had an IEP, is youth involved with								lead with
attend the last IEP meeting		Date of fas	at IEP meeting:				i an IEP, is youin invo abilitation?	orved with
Yes No	, :				Yes	iai Keiia No		
Enrolled in college or voca	ntional	Non	ne of school		1 68	INO	Not Applicable Area of study	
	uionai	Ivali	ie of school				Area or study	
program Yes No							Expected graduation	date:
Full Time Part Time							Emperiou graduation	· date.
Attached:	GPA:	Educatio	nal Goal:	Certificatio	n/Certific	ate/Lice	ense	
Schedule Transcripts			ate Degree	Bachelors l			(specify):	
							(-1	
			SF	LF CARE				
HEALTH INSURANCE O	PTIONS:	If employed			alth insur	ance on	tions provided If you	ith turns 18 in a
foster care setting (see fede								
Current medical coverage	A	nplied for N	Medicaid one (1	) month pric	or to 18 <sup>th</sup> b	irthday	Type of Medicai	d applied for
Current incurcur coverage		Yes N			1 10 10 0	munaay	Type of Medical	а арриса тог
Received Advance Directi	ves packet				representa	tive to	make health decisions	. how to execute
health care power of attorn								lo
Youth was given opportun								
Youth watched video expla					Yes	No		
Name of doctor Address (number and street, city, state, ZIP code) Telephone Number						per		
Name of dentist	A	ddress (nun	iber and street,	city, state, Z	ZIP code)		Telephone Numb	per
Name of emergency provide	der A	ddress (nun	ber and street,	city, state, Z	ZIP code)		Telephone Numb	per
Name of mental health pro	vider A	ddress (nun	ber and street,	city, state, Z	ZIP code)		Telephone Numb	per
Currently on probation	P	arent	Age, gend	er of childre	n		Any/All children	live with youth
Yes No End Date:		Yes No						•
			DAILY I	JVING SKI	LLS			
Skill		Check mas	stery level of ea	ach skill		Ide	entify who is assisting	youth with this
		Mastered	Needs work	Currently	working o		ill? Can be foster par	
						fac	cility staff, or relative.	
Personal hygiene								
Laundry								
Preparing meals and clean	up							
Nutrition								
Shopping for meals								
Housework/vacuuming/du	sting, etc							
Health and Safety								
Money Management								
Problem Solving Skills								
Others (specify):								
		ĺ	1	ĺ		1		

Youth's Strengths: Include hob	bies & interests				
Goals: Consider Results from the	he most recent Ansell Casey I	Life Skills Assessmen	<u> </u>		
Identified Goals	Steps to achieve goals		Team	member assigned p with this goal	Completed date
				<u> </u>	
Team Members Present:					
SIGNAT	TURES OF INDEPENDENT I	LIVING/TRANSITIC	N PLAN TE	AM MEMBERS	
Signature of youth			Printed nan	ne	Dat
Signature of DCS Family Case	Manager/Probation Officer	Printed name			Dat
Signature of Des Failing Case	Wallage1/1 Tobation Officer	Timed name			Dat
Printed name		Role & telephone n	umber		Dat
Signature Printed name		D-1- 9- 4-11	1		Da4
Signature		Role & telephone n	umber		Dat
Printed name	Role & telephone number			Dat	
Signature					
Printed name Signature		Role & telephone n	umber		Dat
Printed name		Role & telephone n	umber		Dat
Signature			-		- "

								1	
		( MONIT!	HIDDATE, ACE	10 OD 4	OI D	ED	Date		
6 MONTH UPDATE: AGE <b>18 OR OLDER</b> HOUSING & TRANSPORTATION									
Current address (number and str	eet, apart								
Type of Placement: Transition Foster Home Group Home		sing Place ential Facil				n Apartme	nt	_	
Address after leaving foster care	(number	and street	, apartment or unit nur	nber, city,	state,	and ZIP co	ode) Unk	known at this time	
Participated in visits to housing Yes No	options	Attended Yes	Drivers Education:						
Has own mode of transportation Yes No	Insura	ance cover	age & when payments	are due:			rtation (own v	rehicle, bicycle or	
100	I				4505	1 00110 11101	ispertation).		
ΨΨΑ11	1		PENDENT LIVING P						
**All youth regardless of placer Participating in Independent Liv	ing progr	ild be refer	Level of Involvemen		ing pro	ovider.**	IL provide	ar	
Yes No	ing progr	am	Level of involvemen	ı			IL provide	21	
Ansell-Casey Lifeskills Assessn Yes No	ent com	pleted	Date last ACLSA co.	mpleted (n	nonth,	day, year)			
	SU	PPORTIVI	E RELATIONSHIPS	Same	As Pr	revious			
Name			Relationship to youth	1		7	Felephone Nu	mber	
Address (number and street, apa	rtment or	unit numb	per, city, state, and ZIP	code)					
Supports offered (advice, emerg	ency hou	sing, caree	er guidance, place to go	for holida	ays, he	elp with fin	ances, etc)		
Name	Name Relationship to youth Telephone Number							mber	
Address (number and street, apa	rtment or	unit numb	per, city, state, and ZIP	code)					
Supports offered (advice, emerg	ency hou	sing, caree	er guidance, place to go	for holida	ays, he	elp with fin	ances, etc)		
Name			Relationship to youth	1		7	Геlephone Nu	mber	
Address (number and street, apa	rtment or	unit numb	per, city, state, and ZIP	code)					
Supports offered (advice, emerg	ency hou	sing, caree	er guidance, place to go	for holida	ays, he	elp with fin	ances, etc)		
			MONEY MANAGE	MENT					
Bank account open: Savings		-	A or Nesting account:		of banl	k or other f	inancial instit	ution:	
Yes No Yes Savings goal for leaving foster of	are:	)	Sources of income an				yment, Social	Security, financial	
Goal \$ Current balance \$			aid, etc). Use separat	e sheet if i	needec	d:			
Current barance \$									
			EDUCATION	<u> </u>					
Current grade level Curr	ent schoo	ol attending		•	Exp	ected Grad	uation Date	GPA	
Diploma/Certification track: Certificate of Completion	Core 40	Honors	Pre-College Oth	or	1				
If youth has an IEP, did the you			EP meeting:		h has/ŀ	had an IEP	, is youth invo	olved with	
attend the last IEP meeting?	-   Du	01 1000 11	g.			ehabilitatio			
Yes No				Yes	N	o Not	Applicable		

Enrolled in college or vocati	ional	Name of school	1	Area of	study	
program					-	
Yes No				Expecte	d graduation da	te:
Full Time Part Time Attached:	GPA:	Educational Goal:	Certification/Certificate	// icamaa		
Schedule Transcripts	GPA:	Associate Degree		other (specify)		
Schedule Transcripts		Associate Degree	Dachelors Degree	other (specify)	•	
			EMPLOYMENT			
Youth has updated resume	Youth ref	ferred to Work One	Youth has working knowled	dge of how to	complete an apr	olication for
Yes No	Yes	No	employment Yes	No	omprese un upp	
Currently employed		d address of employe			Hours per wee	ek
Full Time Part					_	
Time						
Previously employed			es of employment & reasons	for leaving em	ployment. Use	separate sheet
Full Time Part	if needed	l <b>:</b>				
Time						
To be completed by youth a	nd team:					
Youth's Strengths: Include h		interests				
<u> </u>						
C 1 C 11 D 14 C	.1 .		T 'C C1 '11 A			
Goals: Consider Results from Identified Goals		eps to achieve goals	Life Skills Assessment	Team memb	on accionad	Completed
Identified Goals	50	eps to achieve goals		to help with		Completed date
				oo neip wien	<u> </u>	
	I			<u> </u>		1
Team Members Present	t:					

SIGNATURES OF INDEPENDENT	LIVING/TRANSITIO	ON PLAN TEAM MEMBER	S	
Signature of youth		Printed name	Date	
Signature of DCS Family Case Manager/Probation Officer	Printed name		Date	
Printed name	Role & telephone n	umber	Date	
Signature				
Printed name	Role & telephone number			
Signature				
Printed name	Role & telephone n	Date		
Signature				
Printed name	Role & telephone n	umber	Date	
Signature				
Printed name	Role & telephone n	umber	Date	
Signature				
Youth refused to participate in CFTM and/or refused to si	ign the plan.			
Signature of DCS Family Case Manager/Probation Officer:				
•				
		Dat	e	